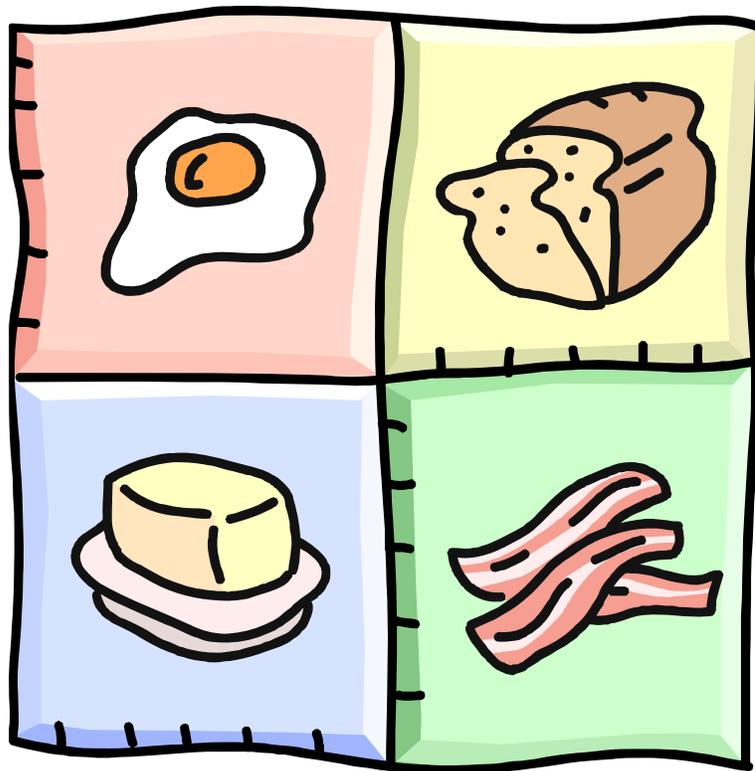


**SEVERE NEED
BREAKFAST
ASSISTANCE**



CHAPTER 8

SEVERE NEED BREAKFAST ASSISTANCE

How do I Qualify for the Severe Need Breakfast Program.....	8.1
Severe Need Breakfast Worksheet.....	8.2
Sample Severe Need Breakfast Worksheet.....	8.3
How to Enter a Severe Need Breakfast Claim	8.4
CNP 2000 Screen if All Schools Qualify	8.4
CNP 2000 Screen if Some Schools Do Not Qualify	8.5

SEVERE NEED BREAKFAST ASSISTANCE

This chapter discusses the qualifications needed to apply for a higher breakfast reimbursement rate and how to submit a reimbursement claim for this higher rate.

How do I Qualify for the Severe Need Breakfast Program (SNB)?

If forty percent (40%) or more of the reimbursable National School Lunch Program (NSLP) lunches in the second preceding school year at a site were served to children eligible for free or reduced price meals, the site qualifies for a higher free and reduced breakfast reimbursement called Severe Need.

Applications are made by entering lunch information on the site sheets on CNP2000. You can sign up at anytime during the year; however, you can only claim retroactively for up to sixty days. Before applying for severe need breakfasts, you will need to know the **total lunches served by site** and the **total free and reduced lunches served by site** for the second preceding year. See page 8.2 and 8.3 for a master worksheet and sample worksheet to help you to organize this data.

If you have a site that did not serve lunches in the second preceding year, please call the State Agency for guidance to apply for Severe Need Breakfast at this site.

The second preceding year lunch counts must be entered on the site applications every year at renewal time to re-qualify a site for Severe Need Breakfast Assistance.

SEVERE NEED BREAKFAST WORKSHEET FOR SCHOOL YEAR _____

SPONSOR/SCHOOL DISTRICT NAME: _____

SITE NAME: _____ (Each site needs to qualify individually)

CLAIM MONTH	FREE LUNCHES CLAIMED IN SECOND PRECEDING YEAR (_____)	REDUCED LUNCHES CLAIMED IN SECOND PRECEDING YEAR (_____)	PAID LUNCHES CLAIMED IN SECOND PRECEDING YEAR (_____)	TOTAL LUNCHES CLAIMED IN SECOND PRECEDING YEAR (_____)
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				
JANUARY				
FEBRUARY				
MARCH				
APRIL				
MAY				
JUNE				
JULY				
TOTALS	*	*		**

** Total lunches claimed in second preceding year _____. This number is entered on the site sheet in CNP2000 for the current or renewal year in the **FIRST** box under Severe Need Breakfast.

*Total free lunches claimed in second preceding year _____ + total reduced lunches claimed in second preceding year _____ equals the total number of low income lunches claimed in second preceding year_____.

The total number of low income lunches claimed in second preceding year above is entered on the site sheet in CNP2000 for the current or renewal year in the **SECOND** box under Severe Need Breakfast.

The low income percentage of all claimed lunches is calculated by the CNP2000 program when you submit the site application. If the % is 40% or higher, the site qualifies for the Severe Need Rate of Reimbursement for Free and Reduced breakfasts claimed.

NOTE: Your sites can receive Severe Need Reimbursement and be on Provision 2 breakfast at the same time.

**SAMPLE SEVERE NEED BREAKFAST WORKSHEET
FOR SCHOOL YEAR 2007-08**

SPONSOR/SCHOOL DISTRICT NAME: Central School District

SITE NAME: Jefferson Elementary (Each site needs to qualify individually)

CLAIM MONTH	FREE LUNCHESES CLAIMED IN SECOND PRECEDING YEAR (2005-06)	REDUCED LUNCHESES CLAIMED IN SECOND PRECEDING YEAR (2005-06)	PAID LUNCHESES CLAIMED IN SECOND PRECEDING YEAR (2005-06)	TOTAL LUNCHESES CLAIMED IN SECOND PRECEDING YEAR (2005-06)
AUGUST	200	75	300	575
SEPTEMBER	1900	751	1875	4526
OCTOBER	1885	776	1901	4562
NOVEMBER	1566	650	1801	4017
DECEMBER	1602	676	1703	3981
JANUARY	1954	726	1843	4523
FEBRUARY	2021	848	1980	4849
MARCH	1680	710	1711	4101
APRIL	1876	723	1799	4398
MAY	1978	715	1850	4544
JUNE	0	0	0	0
JULY	0	0	0	0
TOTALS	16662 *	6650 *	16763	40076 **

** Total lunches claimed in second preceding year (2005-06) = 40076. This number is entered on the site sheet in CNP2000 for School Year 2008 in the **FIRST** box under Severe Need Breakfast.

* Total free lunches claimed in second preceding year (2005-06) 16662+ total reduced lunches claimed in second preceding year (2005-06) 6650 equals the total number of low income lunches claimed in the second preceding year (2005-06) 23312.

The total number of low income lunches claimed in second preceding year above 23312 is entered on the site sheet in CNP2000 for 2008 in the **SECOND** box under Severe Need Breakfast.

The low income percentage of all claimed lunches is calculated by the CNP2000 program when you submit the site application. If the % is 40% or higher, the site qualifies for the Severe Need Rate of Reimbursement for Free and Reduced breakfasts claimed in 2008. In this example, 23312 divided by 40076 = 58%. This site would qualify for SNB rate.

NOTE: Your sites can receive Severe Need Reimbursement and be on Provision 2 breakfast at the same time.

How to Enter a Severe Need Breakfast Claim

After you have been approved for Severe Need Breakfast Assistance, you must claim each approved site in the Severe Need column of the claim to collect the higher reimbursement rate.

If you look at the example, the breakfast column is broken down into Regular and Severe Need. If **all** your schools qualify for Severe Need, you enter your breakfast numbers in the Severe Need column.

**Idaho Department of Education
National School Lunch Program**

● Applications
● Rates
● Claims
- Claim Entry
- Claim Inquiry
- Unpaid Claims
● Maintenance
● Reports

	Lunch	Breakfast		After School Snacks		Special Milk
		Regular	Severe Need	Less than 50%	50% or More	
Meals Served to Children						
8. Free	<input type="text"/>					
9. Reduced	<input type="text"/>					
10. Paid	<input type="text"/>					
11. Totals	<input type="text"/>					
12. No. of Sites Claiming	<input type="text"/>					
13. No. of Serving Days	<input type="text"/>					
Special Milk Program						
Average Milk Cost Per Half Pint (8oz portions)						<input type="text"/>
<p>Note: Click the Submit button to enter this claim into the Child Nutrition System. Please Review this information before submitting this claim.</p>						
SDE USE ONLY						

Done Internet

If only some of your schools qualify (2 out of three, for example), you would enter the school that did not qualify for Severe Need Breakfast in the Regular column and the two schools that DID qualify in the Severe Need column.

School that does not qualify goes in this column

	Lunch	Breakfast		After School Snacks		Special Milk
		Regular	Severe Need	Less than 50%	50% or More	
Meals Served to Children						
8. Free	<input type="text"/>					
9. Reduced	<input type="text"/>					
10. Paid	<input type="text"/>					
11. Totals	<input type="text"/>					
12. No. of Sites Claiming	<input type="text"/>					
13. No. of Serving Days	<input type="text"/>					
Special Milk						
Average Milk Cost Per Half Pint (8oz portions)						<input type="text"/>
Note: Click the Submit button to enter this information to the Child Nutrition System. Please Review this information before submitting this claim.						

Two schools that do qualify are entered in Severe Need column

You will be paid the lesser rate for the breakfasts in the Regular column and the Severe Need rate for the breakfasts you claim in the Severe Need column. Please DO NOT combine the meal counts for Regular and Severe Need schools at any point in the Breakfast columns.

Free and reduced price breakfasts receive extra reimbursement. Paid breakfasts receive no extra reimbursement. Current reimbursement rates are available on the website as the reimbursement rate is adjusted annually.

Please call 208-332-6820 if you need further assistance.